GENERAL DYNAMICS NASSCO-Norfolk NIMS	ATTACHMENT A (FOR OFFICIAL USE ONLY)	F-216

INCIDENT REPORT

REPORT # 03152021

INITIAL REPORT	REQUESTED UPDATE	FINAL REPORT
X	☐	☐

TYPE OF INCIDENT: Fatality

NAME(S) OF INJURED: (IF APPLICABLE) Cynthia Gary (Blue Staffing)

INCIDENT DATE: 03/15/2021 **TIME:** 0730	**COMPANY:** Harbor Industrial Services (HIS) **SUPERVISOR:** Maliry Gonzalez (Blue Staffing)
LOCATION OF INCIDENT: 01 Level-Stbd Side	**TYPE OF INJURY OR FIRE:** Fatality
CAUSE OF INCIDENT: TBD	**EQUIPMENT INVOLVED:** MMR #2 Blow-in Doors
WORK ITEM NUMBER: 1259-10-002	**CONTRACT NUMBER:** 15348.0001

WITNESS AND/OR INDIVIDUALS INVOLVED

NAME(S)	DEPT.	COMPANY
Brandon Ward	EHS	NASSCO
Maliry Gonzalez	Supervisor	HIS (Blue Staffing)
William Alvarez	PAI	HIS
Michael Blowe	EHS	NASSCO

DESCRIPTION OF INCIDENT

On 3/16/21 a Blue Staffing Employee working for HIS as a resource labor fire watch entered in-between the moisture separator blow-in panel doors on the 01 level Dirty Side intake. While in-between the blow-in panel doors, the top door closed on employee trapping them in place.

DISPOSITION OF INJURED (if applicable)

Employee was transported to Sentara Norfolk General after being released from the blow-in door. Employee was pronounced as deceased at the hospital.

IMMEDIATE CORRECTIVE ACTION

Scene was secured and is currently under multiple investigations. All work associated with blow-in doors is suspended. Ships Force is conducting a tag out audit on all blow-in door work scopes.

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INCIDENT REPORT

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INVESTIGATED BY (NAME):	Nate Stanton	**TITLE:**	EHS Manager
SIGNATURE OF INVESTIGATOR:	*Nathaniel A. Stanton*	**DATE:**	03/16/2021

LONG TERM CORRECTIVE ACTION

This incident is still under investigation. Updates will be provided.

ROOT CAUSE ANALYSIS

This incident is still under investigation. Updates will be provided.

INVESTIGATED BY:	Nate Stanton	**TITLE:**	EHS Manager
SIGNATURE OF INVESTIGATOR:	*Nathaniel Stanton*	**DATE:**	03/16/2021

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REPORT NUMBER – Unique tracking number created by contractor.

TYPE OF INCIDENT – Injury, fire or near miss.

NAME(S) OF INJURED – Self Explanatory

INCIDENT DATE/TIME – Self Explanatory

COMPANY – Prime subcontractors involved.

SUPERVISOR – Supervisor of employee(s) involved.

LOCATION OF INCIDENT – Base/Yard, Ship name and hull number, space number and compartment name.

TYPE OF INJURY – ie. Broken arm, laceration to head or Class A,B,C fires, smoldering

CAUSE OF INJURY – i.e Equipment failure, PPE, process

EQUIPMENT INVOLVED – Equipment working on and equipment being used to cause incident.

WORK ITEM NUMBER – Work Item being accomplished when incident occurred.

CONTRACT NUMBER – Contract Number assigned by government agency i.e RMC, Alteration Installation Team (AIT), Sponsor.

WITNESS AND/OR INDIVIDUALS INVOLVED – Name, company of witnesses and or individuals involved with the incident.

DESCRIPTON OF INCIDENT OR NEAR MISS – Short description of events leading up to incident and extent of injuries and/or damage to equipment.

DISPOSITION OF INJURED – i.e. Transported to hospital via ambulance or POV, transported to clinic, released from hospital, name of hospital or clinic, limited duty or loss time (if known).

IMMEDIATE CORRECTIVE ACTION – i.e. Scene/space secured, ship notified (who and when) ***RMC*** notified (who and when) clean up blood, equipment secured fire debris cleaned up.

INVESTIGATED BY – Self Explanatory.

TITLE - Self Explanatory

SIGNATURE OF INVESTIGATOR - Self Explanatory

DATE - Self Explanatory

LONG TERM CORRECTIVE ACTION – What action(s) were taken were taken so that incident does not reoccur, i.e. training, safety stand down or process/policy change

ROOT CAUSE ANALYSIS – Process by which you will identify the cause or contributing factors of the incident.

NOTE: ATTACH ADDITIONAL INFORMATION AS NECESSARY.